

CERTIFIED PUBLIC EXPENDITURE EXPENSE REPORT

CMS NON INSTITUTIONAL SERVICES COST REPORT

EXHIBIT 1A

CERTIFICATION OF PUBLIC EXPENDITURE (CPE)

GOVERNMENTAL PROVIDER USE ONLY: CERTIFICATION OF TOTAL COMPUTABLE PUBLIC EXPENDITURE

COMPLETE THIS PAGE ONLY IF THE GOVERNMENTAL PROVIDER IS SUBMITTING A CPE.

1. Governmental Provider Name and Address:

Provider Name

Contract Name

Contract ID

Contract P.I.

Street Address

City, State, Zip

2. Reporting Period (Medicaid State Plan Rate Year):

From:

To:

3. a. Type of Report:

☐ Partial Period Report

☒ Quarterly Cost Report

☐ Full Year Cost Report

b. Total Computable Certified Public Expenditure by Component:

Medicaid Administration

Total Computable
Expenditure

\$0.00

(From Exhibit 11, Line 19)

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN

MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW

CERTIFICATION STATEMENT BY OFFICER OF THE PROVIDER

I HEREBY CERTIFY that:

1. I have examined this statement, the accompanying supporting exhibits, the allocation of expenses, services, and activities, and the attached worksheets for the period from _____ to _____ and that to the best of my knowledge and belief they are true and correct statements prepared from the books and records of the governmental provider in accordance with applicable instructions.

2. The expenditures included in this statement are based on the actual cost of recorded expenditures and reflect the reporting provider's cost of serving Medicaid recipients and/or Medicaid-expansion SCHIP recipients during the reporting period under the approved State plan and/or the cost of conducting administrative activities.

3. I am the officer authorized by the referenced governmental provider to submit this form and I have made a good faith effort to assure that all information reported is true and accurate.

4. The required amount of State and/or local funds were used to pay for total computable allowable expenditures included in this statement, and such State and/or local funds were in accordance with all applicable Federal requirements for the non-Federal share match of expenditures (including that the funds were not Federal funds in origin, or are Federal funds authorized by Federal law to be used to match other Federal funds, and that the claimed expenditures were not used to meet matching requirements under other Federally funded programs).

5. The total computable expenditures identified herein are submitted in accordance with 42 CFR 433.51

6. I understand that certification of public expenditures serves as the basis for Federal matching funds that such expenditures were allowable to the State Medicaid program in accordance with all procedures, instructions, and guidance issued by and to the single state agency during the reporting period; and that falsification or concealment of a material fact may be prosecuted under Federal or State civil or criminal law.

SIGNATURE (officer of the governmental provider)

DATE

TITLE

PHONE NUMBER

CERTIFIED PUBLIC EXPENDITURE EXPENSE REPORT

CMS Non Institutional Services Cost Report								Exhibit 2
Provider Data				Provider Name:		0		
				Reporting Period Ends:		01/00/1900		
Complete Shaded Areas Only					Date Month/Day/Year (mm/dd/yyyy)		Date Month/Day/Year (mm/dd/yyyy)	
Provider Name		0		Period: FROM	01/00/1900	Submission Date		
				TO	01/00/1900			
<u>Contact Information:</u>								
Parish/County & State								
Business Manager/Finance Director								
Prepared by:								
Phone:								
Email:								
Address 1								
Address 2								
City, State, Zip								
<u>Approved Time Study Information:</u>								
Type of Time Study								
Period of Time Study								
<u>Approved Indirect Cost Rate Information</u>								
Cognizant Agency Indirect Cost Rate *								
Name of Cognizant Agency								
Period of Time for which Rate was Approved								
Date Indirect Rate was Approved								
*The indirect cost rate must match the period to which it has been assigned by the cognizant agency								
All providers must use the indirect cost rate assigned by the cognizant agency. For all non institutional providers except school based providers the cognizant agency is generally the Department of Health and Human Services. The Department of Education assigns indirect rates for school based providers.								

CERTIFIED PUBLIC EXPENDITURE EXPENSE REPORT

[illegible]

CERTIFIED PUBLIC EXPENDITURE EXPENSE REPORT

CMS Non Institutional Services Cost Report				Exhibit 4B
Summary of Cost by Discipline for Medicaid Administrative Claiming Plan Activities		Provider Name: 0		
		Reporting Period Ends: 01/00/1900		
Do Not enter any numbers on spreadsheet. Spreadsheet automatically populates when exhibits 2, 3, 5, and 8 are completed				

		Col. C * Col D%	Col. D * Col. E %	Col. D + E
I. Medicaid Providers/Disciplines	Total Salary/ Benefits/ Other	Apply Medicaid Administrative Time Study Allocation %	Apply Indirect Cost Rate Allocation %	Medicaid Total
Speech Therapist		\$0.00	\$0.00	\$0.00
Occupational Therapist		\$0.00	\$0.00	\$0.00
Audiologist		\$0.00	\$0.00	\$0.00
Physical Therapist		\$0.00	\$0.00	\$0.00
Psychological		\$0.00	\$0.00	\$0.00
Other Professionals		\$0.00	\$0.00	\$0.00
NOT IN USE		\$0.00	\$0.00	\$0.00
NOT IN USE		\$0.00	\$0.00	\$0.00
NOT IN USE		\$0.00	\$0.00	\$0.00
NOT IN USE		\$0.00	\$0.00	\$0.00
Total - All Disciplines	\$0.00	\$0.00	\$0.00	\$0.00

		Col. C * Col D%	Col. D * Col. E %	Col. D + E
I. Medicaid Providers/Disciplines	Total Salary/ Benefits/ Other	Apply Medicaid Administrative Time Study Allocation %	Apply Indirect Cost Rate Allocation %	Medicaid Total
Allocation % - From Exhibits 3 & 2		0%	0%	
Salaries and Wages		\$0.00	\$0.00	\$0.00
OOE		\$0.00	\$0.00	\$0.00
Other Admin Claiming Cost	\$0.00	\$0.00	\$0.00	\$0.00

As defined and approved in each MAC Plan

Total Computable Cost by Discipline & other for Administrative Activities	to Exhibit 11	<u>Medicaid</u> \$0.00
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CERTIFIED PUBLIC EXPENDITURE EXPENSE REPORT

CMS Non Institutional Services Cost Report						Exhibit 5																																																																																																																																																																											
Time Study Results & Reallocation of General Administrative Time				Provider Name: 0																																																																																																																																																																													
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<div style="display: flex; justify-content: space-between; margin-top: 10px;"> All Discipline Direct Medical Service Providers Complete Shaded Areas Only </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Data Entry - Time Study Data *Sample Codes</th> <th rowspan="2" style="width: 10%;">Activity % from Time Study</th> <th rowspan="2" style="width: 10%;">After Reallocation of Gen. Admin.</th> <th rowspan="2" style="width: 10%;">Direct Medical %</th> <th colspan="3" style="width: 20%;">Administrative %</th> <th rowspan="2" style="width: 15%;"></th> </tr> <tr> <th style="width: 10%;">Direct Administrative %</th> <th style="width: 10%;">Discounted Rate</th> <th style="width: 10%;">Medical Admin.</th> </tr> </thead> <tbody> <tr> <td>Code 1.a - Non Medicaid Outreach</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr style="background-color: yellow;"> <td>Code 1.b. - Medicaid Outreach</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td style="text-align: center;">Admin</td> </tr> <tr> <td>Code 2.a - Facilitating Application for non-Medicaid Programs</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Code 2.b - Facilitating Medicaid Eligibility Determination</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Code 3 - School Related and Educational Activities</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Code 4 - Direct Medical Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Code 5.a. - Transportation for Non-Medicaid Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Code 5.b. - Transportation-Related Activities of Medicaid Covered Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Code 6.a - Non-Medicaid Translation</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Code 6.b. - Translation related to Medicaid Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Code 7.a. - Planning, Development, and Interagency of Non-Medicaid Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr style="background-color: yellow;"> <td>Code 7.b. - Planning, Development, and Interagency of Medicaid Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td style="text-align: center;">Admin</td> </tr> <tr> <td>Code 8.a. - Non-Medical/Non-Medicaid Related Training</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr style="background-color: yellow;"> <td>Code 8.b. - Medical/Medicaid Training</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td style="text-align: center;">Admin</td> </tr> <tr> <td>Code 9.a. - Referral, Coordination, and Monitoring of Non-Medicaid Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr style="background-color: yellow;"> <td>Code 9.b. - Referral, Coordination, and Monitoring of Medicaid Services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td style="text-align: center;">Admin</td> </tr> <tr> <td>Code 10 - General Administration</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Code 11 - Other - Non-Medicaid, other educational, and social services</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Other -</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> <tr> <td>Total Allocation Percentage</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td style="text-align: right;">0</td> <td></td> </tr> </tbody> </table>							Data Entry - Time Study Data *Sample Codes	Activity % from Time Study	After Reallocation of Gen. Admin.	Direct Medical %	Administrative %				Direct Administrative %	Discounted Rate	Medical Admin.	Code 1.a - Non Medicaid Outreach						0		Code 1.b. - Medicaid Outreach						0	Admin	Code 2.a - Facilitating Application for non-Medicaid Programs						0		Code 2.b - Facilitating Medicaid Eligibility Determination						0		Code 3 - School Related and Educational Activities						0		Code 4 - Direct Medical Services						0		Code 5.a. - Transportation for Non-Medicaid Services						0		Code 5.b. - Transportation-Related Activities of Medicaid Covered Services						0		Code 6.a - Non-Medicaid Translation						0		Code 6.b. - Translation related to Medicaid Services						0		Code 7.a. - Planning, Development, and Interagency of Non-Medicaid Services						0		Code 7.b. - Planning, Development, and Interagency of Medicaid Services						0	Admin	Code 8.a. - Non-Medical/Non-Medicaid Related Training						0		Code 8.b. - Medical/Medicaid Training						0	Admin	Code 9.a. - Referral, Coordination, and Monitoring of Non-Medicaid Services						0		Code 9.b. - Referral, Coordination, and Monitoring of Medicaid Services						0	Admin	Code 10 - General Administration						0		Code 11 - Other - Non-Medicaid, other educational, and social services						0		Other -						0		Total Allocation Percentage	0	0	0			0	
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CERTIFIED PUBLIC EXPENDITURE EXPENSE REPORT

CMS Non Institutional Services Cost Report								Exhibit 8
Other Cost for Medicaid Administrative Claiming				Provider Name: 0				
				Reporting Period Ends: 01/00/1900				

Complete Shaded Areas Only

Trial Balance Information			Funding and Percentages (Adjustments)				Trial Balance
Trial Balance Account Number	Account Description	Trial Balance Amount	Is cost fully or partially funded by othter Federal funds? Yes or No	If yes, remove Amount of Other Federal Funds	Subtotal of Total Computable	Subtract University State General Fund Match required for Federal Funds	Federal Finacial Participation Requested
	Other Admin Claiming Cost - State MAC Plan	\$0.00			\$0.00		\$0.00
<div> <div>Reductions to Trial Balance</div> <div> <div>xx-xx-x</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> </div> </div>							
Other Admin Claiming Cost - State MAC plan							\$0.00

CERTIFIED PUBLIC EXPENDITURE EXPENSE REPORT

CMS Non Institutional Services Cost Report					Exhibit 11
Cost Compilation			Provider Name:	0	
		Reporting Period Ends:	01/00/1900		
Do not enter dollar amounts on spreadsheet. Spreadsheet automatically populates from referenced exhibits					
	From Exhibit #	Description	Medicaid Medical Services	Medicaid Admin Claiming	Medicaid Expansion SCHIP
	Exhibit 4B	Summary of Cost by Discipline for Medicaid Administrative Claiming Plan Activities		\$0.00	
		Total Computable Costs (<i>To Exhibit 5-1A</i>)		\$0.00	